



EXPRESS SCRIPTS®

February 26, 2015

Yardlie Pinar  
[REDACTED]

Dear Ms. Pinar,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at [TJEich@express-scripts.com](mailto:TJEich@express-scripts.com).

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich  
Investigator  
Express Scripts, Inc  
Enclosure

GX250.001

GOVERNMENT  
EXHIBIT  
250  
4:18-CR-368

1. Have you ever had a prescription filled at OMNIPLUS HEALTH CARE PHARMACY?

YES

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
101688	09/03/2014	COMPOUND	\$ 7,350.02	X		
101592	09/03/2014	COMPOUND	\$ 4,462.15	X		
101406	09/03/2014	COMPOUND	\$ 3,756.80	X		
101593	09/03/2014	COMPOUND	\$ 1,740.51	X		
101688	09/15/2014	COMPOUND	\$ 7,350.02	X		
101688	09/30/2014	COMPOUND	\$ 7,350.02	X		
101592	09/30/2014	COMPOUND	\$ 4,475.28	X		
101406	09/30/2014	COMPOUND	\$ 3,452.32	X		
101593	09/30/2014	COMPOUND	\$ 1,740.51	X		
101688	10/11/2014	COMPOUND	\$ 7,350.02	X		
101688	10/24/2014	COMPOUND	\$ 7,350.02	X		
101592	10/24/2014	COMPOUND	\$ 4,462.15	X		
101406	10/24/2014	COMPOUND	\$ 3,291.45	X		
101593	10/24/2014	COMPOUND	\$ 1,740.51	X		

101688	10/29/2014	COMPOUND	\$ 7,350.02	✓		
101592	10/29/2014	COMPOUND	\$ 4,292.06	✓		
101688	11/22/2014	COMPOUND	\$ 7,350.02	✓		
101592	11/27/2014	COMPOUND	\$ 4,290.30	✓		
101406	11/27/2014	COMPOUND	\$ 3,485.45	✓		
101593	11/27/2014	COMPOUND	\$ 1,740.51	✓		
101688	12/07/2014	COMPOUND	\$ 7,350.02	✓		
101688	12/20/2014	COMPOUND	\$ 7,350.02	✓		
101592	12/20/2014	COMPOUND	\$ 4,290.30	✓		
101593	12/20/2014	COMPOUND	\$ 1,740.51	✓		
101688	12/31/2014	COMPOUND	\$ 7,350.02	✓		
103900	02/09/2015	COMPOUND	\$ 281.24	✓		
103901	02/09/2015	COMPOUND	\$ 281.24	✓		
103899	02/09/2015	COMPOUND	\$ 112.47	✓		

2. How did you obtain the prescription(s)?

Circle One:

☒ Mail☐ Hand-delivered☐ Picked up

3. How did you find the pharmacy?

(For example: doctor's office, friend, co-worker, family member, advertisement, etc.)

PHYSICIAN'S OFFICE

4. Are you still receiving prescriptions/packages?	YES
5. Did you ever talk to the pharmacy?	SEVERAL TIMES
6. This(ese) claims were authorized by REDKO, VLADIMIR MD. Have you ever received treatment from this prescriber?	YES

(Please use the below area to provide any additional information about OMNIPLUS HEALTH CARE PHARMACY)  
COMMENTS:

CO-PAY AMOUNT \$1686.00

  
MEMBER SIGNATURE

3/5/15  
DATE



EXPRESS SCRIPTS®

February 26, 2015

Husnu Pinar  
8425 GERING LN  
LAS VEGAS, NV 89117  
(702)378-0134

Dear Mr. Pinar,

Express Scripts is your pharmacy benefit manager (PBM). We work with your health plan to manage your prescription drug benefits. Attached is a list of prescriptions that were submitted on your behalf for payment. Please review the list of claims for accuracy, noting whether you did or did not receive each medication. If you received one of the medications but in a different quantity or dosage strength, you can add a note in the Comments section indicating the correction. Once you have completed the form, please return this letter and the attached form in the postage paid envelope within five business days.

In reviewing this list of prescription claims, we realize that it may be difficult to recall which prescriptions and quantities you received. Please respond as accurately as you can, and it is alright to let us know if you do not remember.

If you have any questions, please contact me via toll-free phone at 1-800-332-5455 ext. 345360 or e-mail at [TJEich@express-scripts.com](mailto:TJEich@express-scripts.com).

Your prompt response is greatly appreciated. On behalf of Express Scripts Inc., thank you for your assistance.

Sincerely,

Thomas Eich  
Investigator  
Express Scripts, Inc  
Enclosure

1. Have you ever had a prescription filled at OMNIPLUS HEALTH CARE PHARMACY?

YES

PRESCRIPTION NUMBER	DATE OF FILL	DRUG NAME/ACTIVE INGREDIENT	AMOUNT COVERED BY INSURANCE	RECEIVED? YES or NO	CO-PAY PAID? YES or NO	CO-PAY AMOUNT, IF YES
101689	09/03/2014	COMPOUND	\$ 7,350.02	YES		
101594	09/03/2014	COMPOUND	\$ 4,462.15	YES		
101404	09/03/2014	COMPOUND	\$ 3,756.80	YES		
101595	09/03/2014	COMPOUND	\$ 1,740.51	YES		
101689	09/15/2014	COMPOUND	\$ 7,350.02	YES		
101689	09/30/2014	COMPOUND	\$ 7,350.02	YES		
101594	09/30/2014	COMPOUND	\$ 4,475.28	YES		
101404	09/30/2014	COMPOUND	\$ 3,452.32	YES		
101595	09/30/2014	COMPOUND	\$ 1,740.51	Y		
101689	10/11/2014	COMPOUND	\$ 7,350.02	Y		
101689	10/24/2014	COMPOUND	\$ 7,350.02	Y		
101594	10/24/2014	COMPOUND	\$ 4,462.15	Y		
101404	10/24/2014	COMPOUND	\$ 3,291.45	Y		
101595	10/24/2014	COMPOUND	\$ 1,740.51	Y		

101689	10/29/2014	COMPOUND	\$ 7,350.02	X		
101594	10/29/2014	COMPOUND	\$ 4,292.06	Y		
101689	11/22/2014	COMPOUND	\$ 7,350.02	Y		
101594	11/27/2014	COMPOUND	\$ 4,290.30	Y		
101404	11/27/2014	COMPOUND	\$ 3,485.45	Y		
101595	11/27/2014	COMPOUND	\$ 1,740.51	Y		
101689	12/07/2014	COMPOUND	\$ 7,350.02	Y		
101689	12/20/2014	COMPOUND	\$ 7,350.02	Y		
101594	12/20/2014	COMPOUND	\$ 4,290.30	Y		
101595	12/20/2014	COMPOUND	\$ 1,740.51	Y		
101689	12/31/2014	COMPOUND	\$ 7,350.02	Y		
103896	01/23/2015	COMPOUND	\$ 374.99	Y		
103897	01/23/2015	COMPOUND	\$ 282.69	Y		
103897	02/06/2015	COMPOUND	\$ 374.99	Y		
103896	02/06/2015	COMPOUND	\$ 330.29	Y		

2. How did you obtain the prescription(s)?

Circle One:

Mail

Hand-delivered

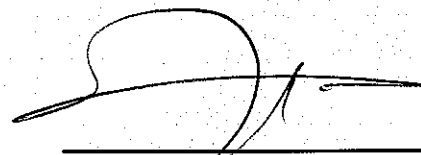
Picked up



3. How did you find the pharmacy? (For example: doctor's office, friend, co-worker, family member, advertisement, etc.)	DOCTOR'S OFFICE
4. Are you still receiving prescriptions/packages?	YES
5. Did you ever talk to the pharmacy?	YES, ABOUT MONS, COPAY
6. This(ese) claims were authorized by REDKO, VLADIMIR MD. Have you ever received treatment from this prescriber?	YES

(Please use the below area to provide any additional information about OMNIPLUS HEALTH CARE PHARMACY)  
COMMENTS:

COPAY APPROXIMATELY 1686.00

  
MEMBER SIGNATURE

3/5/15  
DATE